

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Correctional Officer Hanes  
Bullock Correctional Facility  
PO Box 5107  
Union Springs, AL 36089

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

## C. Signature

**X**

Agent  
 Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

2:06CV400  
c, and comp 2 8 40

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

## 2. Article Number (Cc)

7005 1820 0002 3461 5220

Domestic Return Receipt

102595-00-1-0952

MC Form 3811, July 1999



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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Correctional Officer Perkins  
 Bullock Correctional Facility  
 PO Box 5107  
 Union Springs, AL 36089

2. Article Number

7005 1820 0002 3461 5237

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	Date of Delivery
C. Signature	
X	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<del>2:06 CV 400 C, and cmf &amp; 8</del>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

102595-00-M-0952